

Appendix

1. Complete this form.
2. Attach to PA/RF (Prior Authorization Request Form)
3. Attach physician prescription.
4. Attach additional information if necessary.
5. Mail to EDS

Ima is from a step-family home with the stepfather being "alcoholic." She was 14 years old when her stepbrother committed suicide. Reported history of physical & sexual abuse in family of origin. Long history of depressed mood. Diagnosed as having major depression 1 year ago when hospitalized at Anytown Hospital in Anytown, WI (MM/DD/YY-MM/DD/YY). No further treatment history. Seeking out help at this time due to husband being accused of abusing her 3 children. At time of hospitalization, reported being very suicidal & having some auditory hallucinations. Denies substance abuse usage. Currently well-groomed, pleasant, no signs of psychomotor retardation. Thought and speech intact. Very tearful. Admits suicidal thoughts; no plans. Oriented in all spheres.

Appendix 7 (Continued)

J. Present GAF (DSM): 50 Is the recipient progressing in treatment? ☒ Yes ☐ No
If "no", explain:

K. Present mental status/symptomatology (include progress since treatment was initiated, or since last authorization):
Since treatment started 4 weeks ago, recipient is able to sleep most of the night. Continues to be tearful & hurt about abuse situation. Having more energy to care for self. Some lack of appetite continues. Periods of anxiety are often noted.

L. Updated/historical data (family dynamics, living situation, etc.):

Client is considering divorce. Still separated at this time. Client's 3 children live with her and this has increased stress. We will begin to see her with children on an as-needed basis.

M. Treatment Modalities: ☒ Psychodynamic ☐ Behavior Modification ☐ Biofeedback
☐ Play Therapy ☐ Other (specify): _____

N. Number of minutes per session: Individual: 60 Group: _____ Family: _____

O. Frequency of requested sessions: ☐ monthly ☒ once/week ☒ twice/month ☐ other (specify): _____
(as needed)

P. Total number of sessions requested: 13 Individual 6 Family

Q. Psychoactive Medication: ☒ Yes ☐ No Has there been a medication check in the past three months?
☒ Yes ☐ No

Names and dosage(s): Desipramine 150 mg h.s. and 200 mg Dilantin for seizure disorder (total daily dose).

R. Rationale for further treatment:

1. Continues to have many life stressors (i.e., separation, child abuse).
2. Ongoing mild suicidal risk.
3. Beginning to explore own decisions around divorce with these stressors.
4. Therapy is essential to prevent rehospitalization.

S. Goals/objectives of treatment:

1. Continue to support & monitor mood; promote a positive self-image.
2. Continue to help in dealing with stress through teaching cognitive and relaxation techniques for stress management.
3. Increase self-awareness of own past abuse and its relationship to current reality.

T. What steps have been taken to prepare recipient for termination of treatment:

Have referred recipient to ongoing self-help group to deal with past issues around family alcoholism. It is too early to start termination process at this time; however, we have discussed the time-limited nature of the psychotherapy and have set a goal of terminating in 6 months.

U. Do you see other family members in a separate process? If yes, give rationale for seeing multiple family members:
No, not at this time. A family session for diagnostic purposes is planned in the near future.

I.M. Provider

Signature of Performing Provider

J.M. Authorized

Recipient Signature (optional)

Signature of Supervising Provider

MM/DD/YYYY

Date

*The provision of services which are greater than or significantly different from those authorized may result in non-payment of the claim(s).